

**TVSEF Designated Supervisor Form
(TVSEF-3)**

**Required for projects using hazardous materials or devices, tissue studies, or if a
required Qualified Scientist is unable to supervise experimentation.**

Student's Name

Title of Project

To be completed by the Designated Supervisor (please print or type – no pencil)

Name

Position

Institution

Address

Phone

E-mail

Fax No.

LIST AND DESCRIBE ALL hazardous substances and devices used in this research, proper handling procedures, safety precautions, and proper disposal methods. Also describe your responsibilities in directly supervising the student. Please attach all necessary MSDS forms.

I certify that I have been trained in the techniques to be used by this student **prior** to the start of experimentation and that I will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Signature